

# South Carolina 2019 List of Reportable Conditions

## Attention: Health Care Facilities, Physicians, and Laboratories

South Carolina Law §44-29-10 and Regulation §61-20 require reporting of conditions on this list to the regional public health department. South Carolina Law §44-53-1380 requires reporting by laboratories of all blood lead values in children under 6 years of age.

**HIPAA: Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512)**

✳️ Potential agent of bioterrorism

! Immediately reportable by phone call to a live person at the regional public health office, 24/7

\* Urgently reportable within 24 hours by phone

All other conditions except lead are reportable within 3 business days.

## REPORT UPON RECOGNITION OF A SUSPECTED CASE, DIAGNOSIS, OR POSITIVE LABORATORY EVIDENCE (SEE “HOW TO REPORT” BELOW)

Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.

✳️ ! Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (5)	Hepatitis (chronic) B, C, & D	Rabies Post Exposure Prophylaxis (PEP) when administered (6)
* Animal (mammal) bites (6)	Hepatitis B surface antigen + with each pregnancy	* Rubella (includes congenital)
✳️ ! Anthrax ( <i>Bacillus anthracis</i> ) (5)	HIV and AIDS clinical diagnosis	Salmonellosis (2) (5)
Babesiosis ( <i>Babesia</i> spp.)	HIV CD4 test results (all results) (L)	* Shiga toxin positive (5)
✳️ ! Botulism ( <i>Clostridium botulinum</i> or Botulinum toxin)	HIV subtype, genotype, and phenotype (L)	Shigellosis (2) (5)
✳️ * Brucellosis ( <i>Brucella</i> spp.) (5)	HIV 1 or HIV 2 positive test results (detection and confirmatory tests) (L)	✳️ ! Smallpox ( <i>Variola</i> )
Campylobacteriosis (5)	HIV viral load (all results) (L)	Spotted Fever Rickettsiosis ( <i>Rickettsia</i> spp.)
Candida auris or suspected (5)	HIV HLA-B5701 and co-receptor assay (L)	* <i>Staphylococcus aureus</i> , vancomycin-resistant or intermediate with a VA >6 MIC (VRSA/VISA) (2) (5) (10)
Carbapenem-resistant Enterobacteriaceae (CRE) (2) (5) (9)	! Influenza, avian or other novel strain	<i>Streptococcus</i> group A, invasive disease (2) (3)
Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) (2) (5) (12)	* Influenza associated deaths (all ages)	<i>Streptococcus</i> group B, age < 90 days (2)
Chancroid ( <i>Haemophilus ducreyi</i> )	Influenza	<i>Streptococcus pneumoniae</i> , invasive (pneumococcal) (2) (3) (11)
* Chikungunya (5)	• Lab-confirmed cases (culture, RT-PCR, DFA, IFA)	* St. Louis Encephalitis (SLEV) (5)
<i>Chlamydia trachomatis</i>	• Lab-confirmed hospitalizations (7)	* Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive
* Ciguatera	* La Crosse Encephalitis (LACV) (5)	Syphilis: early latent, latent, tertiary, or positive serological test
Creutzfeldt-Jakob Disease (Age < 55 years only)	Lead tests, all results - indicate venous or capillary specimen (13)	Tetanus ( <i>Clostridium tetani</i> )
Cryptosporidiosis ( <i>Cryptosporidium</i> spp.)	Legionellosis	Toxic Shock (specify staphylococcal or streptococcal)
Cyclosporiasis ( <i>Cyclospora cayetanensis</i> ) (5)	Leprosy ( <i>Mycobacterium leprae</i> ) (Hansen’s Disease)	* Tuberculosis ( <i>Mycobacterium tuberculosis</i> ) (5) (8)
* Dengue (5)	Leptospirosis	✳️ * Tularemia ( <i>Francisella tularensis</i> ) (5)
* Diphtheria ( <i>Corynebacterium diphtheriae</i> ) (5)	Listeriosis (5)	* Typhoid fever ( <i>Salmonella typhi</i> ) (2) (5)
* Eastern Equine Encephalitis (EEE) (5)	Lyme disease ( <i>Borrelia burgdorferi</i> )	✳️ * Typhus, epidemic ( <i>Rickettsia prowazekii</i> )
<i>Ehrlichiosis</i> / <i>Anaplasmosis</i> ( <i>Ehrlichia</i> / <i>Anaplasma phagocytophilum</i> )	Lymphogranuloma venereum	Varicella
* <i>Escherichia coli</i> , Shiga toxin – producing (STEC) (5)	Malaria ( <i>Plasmodium</i> spp.)	* Vibrio, all types, including <i>Vibrio cholerae</i> O1 and O139 (5)
Giardiasis ( <i>Giardia</i> spp.)	! Measles (Rubeola)	✳️ ! Viral Hemorrhagic Fevers (Ebola, Lassa, Marburg viruses)
Gonorrhea ( <i>Neisseria gonorrhoeae</i> ) (2)	! Meningococcal disease ( <i>Neisseria meningitidis</i> ) (2) (3) (4) (5)	* West Nile Virus (5)
* <i>Haemophilus influenzae</i> , all types, invasive disease (H flu) (2) (3) (5)	* Mumps	* Yellow Fever
* Hantavirus	* Pertussis ( <i>Bordetella pertussis</i> )	Yersiniosis ( <i>Yersinia</i> , not <i>pestis</i> )
* Hemolytic uremic syndrome (HUS), post-diarrheal	✳️ ! Plague ( <i>Yersinia pestis</i> ) (5)	* Zika (5)
* Hepatitis (acute) A, B, C, D, & E	! Poliomyelitis	
	✳️ Psittacosis ( <i>Chlamydophila psittaci</i> )	
	✳️ * Q fever ( <i>Coxiella burnetii</i> )	
	! Rabies (human)	

### (L) Only Labs required to report.

- An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be required.
  - Include drug susceptibility profile
  - Invasive disease = isolated from normally sterile site. Always specify site of isolate.
  - Report Gram-negative diplococci in blood or CSF.
  - Specimen submission to the Public Health Laboratory is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact regional staff if assistance is needed.
  - Rabies exposure prophylaxis guidance: [www.scdhec.gov/health-professionals/clinical-guidance-resources/rabies-treatment/rabies-guide-managing-exposures#contacts](http://www.scdhec.gov/health-professionals/clinical-guidance-resources/rabies-treatment/rabies-guide-managing-exposures#contacts). Consultation is available from DHEC Regional Public Health Office.
  - Report aggregate totals weekly.
- Report all cases of suspect and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider suspects TB based on signs, symptoms, and/or laboratory evidence of TB. Centers for Disease Control and Prevention case definition of confirmed cases: <https://wwwn.cdc.gov/nndss/conditions/tuberculosis>.
  - Carbapenem-resistant Enterobacteriaceae infections from all specimen types.
  - Appropriate specimen types: A pure, low passage isolate submitted on a noninhibitory, non-selective agar plate or slant is preferred. If available submit one original culture plate.
  - Specimen submission to the Public Health Laboratory is required for *Streptococcus pneumoniae*, invasive in cases < 5 years of age.
  - Specimen submission of the first isolate of the month to the Public Health Laboratory is required for Carbapenem-resistant *Pseudomonas aeruginosa*.
  - All blood lead results are reportable within 30 days. Any elevated results (5 mcg/dL or greater) are reportable within 7 days.

## What to Report

- Patient’s name
- Patient’s complete address, phone, county, date of birth, race, sex, last five digits of social security number
- Physician’s name and phone number
- Name, institution, and phone number of person reporting
- Disease or condition
- Date of diagnosis
- Symptoms
- Date of onset of symptoms
- Lab results, specimen site, collection date
- If female, pregnancy status
- Patient status: In childcare, food-handler, health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

## How to Report

### HIV, AIDS, and STDs (excluding Hepatitis):

#### Do not fax HIV, AIDS, or STD results to DHEC

- Call 1-800-277-0873;
- Submit electronically via DHEC’s web-based reporting system; or
- Mail to: *Division of Surveillance & Technical Support*  
*Mills/Jarrett Complex*  
*Box 101106, Columbia, SC 29211*

### Lead:

- Submit electronically via DHEC’s web-based reporting system; or
- Mail to: *Bureau of Health Improvement & Equity, Lead Surveillance*  
*c/o Brian Humphries,*  
*Sims-Aycock Building, 2600 Bull Street,*  
*Columbia, SC 29201*
- Fax to: (803) 898-3236; or
- Call (803) 898-3641 to establish electronic reporting

## Where to Report Other Conditions

Report all other conditions to the public health office (listed below) in the region in which the patient resides.

### Immediate and Urgent Reporting (TELEPHONE)

#### Lowcountry

**Berkeley, Charleston, Dorchester**  
Phone: (843) 953-0043

**Beaufort, Colleton, Hampton, Jasper**  
Phone: (843) 549-1516 ext. 218

**Allendale, Bamberg, Calhoun, Orangeburg**  
Phone: (803) 268-5833

**Nights/Weekends**  
Phone: (843) 441-1091

#### Midlands

**Kershaw, Lexington, Newberry, Richland**  
Phone: (803) 576-2749

**Chester, Fairfield, Lancaster, York**  
Phone: (803) 286-9948

**Aiken, Barnwell, Edgefield, Saluda**  
Phone: (803) 642-1618

**Nights/Weekends**  
Phone: (888) 801-1046

#### Pee Dee

**Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro**  
Phone: (843) 661-4830

**Clarendon, Lee, Sumter**  
Phone: (803) 773-5511

**Georgetown, Horry, Williamsburg**  
Phone: (843) 915-8800

**Nights/Weekends**  
Phone: (843) 915-8845

#### Upstate

**Anderson, Oconee**  
Phone: (864) 260-5581

**Abbeville, Greenwood, McCormick**  
Phone: (864) 260-5581

**Cherokee, Greenville, Laurens, Pickens, Spartanburg, Union**  
Phone: (864) 372-3133

**Nights/Weekends**  
Phone: (866) 298-4442

### 3-Day Reporting (MAIL or FAX)

#### Lowcountry

4050 Bridge View Drive, Suite 600  
N. Charleston, SC 29405  
Fax: (843) 953-0051

#### Midlands

2000 Hampton Street  
Columbia, SC 29204  
Fax: (803) 576-2993

#### Pee Dee

145 E. Cheves Street  
Florence, SC 29506  
Fax: (843) 915-6502

#### Upstate

200 University Ridge  
Greenville, SC 29602  
Fax: (864) 282-4373

## Where to Report Tuberculosis

Report to the public health office (listed below) in the region in which the patient resides.

#### Lowcountry

**Berkeley, Charleston, Dorchester**  
Office: (843) 719-4612  
Fax: (843) 719-4778

**Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg**  
Office: (843) 549-1516 ext. 222  
Fax: (843) 549-6845

**Nights/Weekends/Holidays:** (803) 898-0558      **Fax:** (803) 898-0685

#### Midlands

**Chester, Kershaw, Lancaster, Newberry, York**  
Office: (803) 909-7357  
Fax: (803) 327-4391

**Aiken, Barnwell, Edgefield, Fairfield, Lexington, Richland, Saluda**  
Office: (803) 576-2870  
Fax: (803) 576-2880

#### Pee Dee

**Dillon, Georgetown, Horry, Marion**  
Office: (843) 915-8798  
Fax: (843) 915-6504

**Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, Williamsburg**  
Office: (803) 934-2867  
Fax: (803) 773-6366

#### Upstate

**Cherokee, Spartanburg, Union**  
Office: (864) 596-2227 ext. 108  
Fax: (864) 596-3340

**Abbeville, Anderson, Greenwood, Laurens, McCormick, Oconee, Pickens**  
Office: (864) 260-5562  
Fax: (864) 260-5564

**Greenville**  
Office: (864) 372-3198  
Fax: (864) 282-4294



### DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology • 2100 Bull Street • Columbia, SC 29201  
Phone: (803) 898-0861 • Fax: (803) 898-0897 • Nights/Weekends: (888) 847-0902  
[www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions](http://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions)

To learn about DHEC’s web-based reporting system, call 1-800-917-2093.